

# PART B—ISSUE FEE TRANSMITTAL

242-61602-03  
501-33-00

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addresses entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of issue Fee or thereafter. **See reverse for Certificate of Mailing, below.**

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DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

1. CORRESPONDENCE ADDRESS
<p>E. JOSEPH GESS BURNS DOANE SWECKER &amp; MATHIS P O BOX 1404 ALEXANDRIA VA 22313-1404</p>

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
INVENTOR'S NAME
Street Address
City, State and Zip Code
CO-INVENTOR'S NAME
Street Address
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<input type="checkbox"/> Check if additional changes are enclosed

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NOV 06 1997

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APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/476,275	06/07/95	014	SCHWADRON, R	1816 08/06/97
First Named Applicant	ANDERSON, DARRELL R.			

TITLE OF INVENTION THERAPEUTIC APPLICATION OF CHIMERIC AND RADIOLABELED ANTIBODIES TO HUMAN B LYMPHOCYTE RESTRICTED DIFFERENTIATION ANTIGEN FOR TREATMENT OF B CELL LYMPHOMA

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 012712-155	424-133.100	021	UTILITY	YES	\$645.00	11/06/97

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

BURNS, DOANE, SWECKER  
1 & MATHIS, LLP

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: IDEC PHARMACEUTICALS CORPORATION
(2) ADDRESS: (CITY & STATE OR COUNTRY) San Diego, California

6a. The following fees are enclosed:

☐ Issue Fee ☐ Advance Order - # of Copies 11

6b. The following fees should be charged to: 02-4800  
DEPOSIT ACCOUNT NUMBER

(ENCLOSE A COPY OF THIS FORM)

☐ Issue Fee ☐ Advance Order - # of Copies  
☐ Any Deficiencies in Enclosed Fees

A. ☐ This application is NOT assigned.

☐ Assignment previously submitted to the Patent and Trademark Office.

☐ Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS.

**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) (Date)  
11-06-97

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Certificate of Mailing Robin L. Teskin, Reg. No. 35,030

Note: If this certificate of mailing is used, it can be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers.

Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Box ISSUE FEE

Assistant Commissioner for Patents

11/28/1997 CAGNEY 00000151/08476275 P.C. 20231

01 FC:242 64.00  
02 FC:561 33.00

(Date)

(Name of person making deposit)

(Signature)

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